

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 077180 RECEIPT DATE: 05 / 20 / 98
IA NUMBER: PCT/ DE96 / 02213 IA FILING DATE: 11 / 20 / 96
FAMILY NAME: ~~STORZ~~ *Novak* DELAY WAIVED (Y/N): Y
GIVEN NAME: ~~KARL~~ *Pavel* DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 20 / 95
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: COUNTRY: DEX

CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: TELEPHONE 2033246155
NAME: ST ONGE STEWARD JOHNSTON & REENS

STREET: 986 BEDFORD STREET

CITY: STAMFORD

STATE/COUNTRY: CT ZIP: 069055619

APPLICATION TITLES:

SHAVING OR CUTTING INSTRUMENT

TAB TO LAST POSITION, PUSH SEND